PART B - FEE(S) TRANSMITTAL

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated P.O. Box 770 **Church Street Station** New York, NY 10008-0770 below. (Depositor's name) (Signature) FISH & RICHARDSON P.C. P.O. Box 1022 (Date) Minneapolis, MN 55440-1022 CONFIRMATION NO. APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. 10/561,015 02/17/2006 Dan P. Felsenfeld 27527-0026US1 9430

TITLE OF INVENTION: PEPTIDES FOR TREATING AXONAL DAMAGE, INHIBITION OF NEUROTRANSMITTER RELEASE AND PAIN TRANSMISSION, AND

BLOCKING CALCIUM INFLUX IN NEURONS

APPLN, TYPE	SMALL ENTITY	reern	מממים	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	ISSUE FEE \$1510		\$300	\$1810	04/26/2010	
nonpi ovisionai	NO	91.	310	\$300	\$1610	04/20/2010	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
WANG, Chang Yu		16	49	530-300000	•		
CFR 1.363). [] Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). [] Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. [] "Fee Address" indication (or "Fee Address" Indication form			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name				
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE (CITY and STATE OR COUNTRY) MOUNT SINAI SCHOOL OF MEDICINE OF NEW YORK UNIVERSITY NEW YORK, NEW YORK							
Please check the appropriate assignee category or categories (will not be printed on the patent): [] individual [X] corporation or other private group entity [] government							
4a. The following fee(s) are enclosed: [X] Issue Fee [X] Publication Fee (No small entity discount permitted) [] Advance Order - # of Copies				4b. Payment of Fee(s): [] A check in the amount of the fee(s) is enclosed. [] Payment by credit card. Form PTO-2038 is attached. [X] The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1050 (enclose an extra copy of this form).			
· ·	s (from status indicated above) MALL ENTITY status. See 37	CFR 1.27.	[]b. Ap	plicant is no longer claiming SI	MALL ENTITY status. See 37 Cl	FR 1.27(g)(2).	

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(Authorized Signature)	/Irina E. Vainberg/	(Date)April 16, 2010
Typed or Printed Name	Irina E. Vainberg	Registration No. 48,008

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